



Keppel Bay Sailing Club Inc Associate Member's Application Form

PLEASE PRINT CLEARLY

PLEASE CIRCLE Mr Mrs Miss Ms Dr

FIRST NAMES _____

SURNAME _____

RESIDENTIAL ADDRESS _____

POSTAL ADDRESS ('as above' if same as residential address) _____

_____ P CODE _____

PHONE (home) _____ (work) _____

(mobile) _____ DATE OF BIRTH ____ / ____ / ____

EMAIL _____

OCCUPATION _____

PARTNER'S NAME _____ MEMBER NO _____

I agree to this nomination and if elected, I agree to be bound by the rules and by-laws of the Club.

SIGNATURE _____ DATE ____ / ____ / ____

ALL SECTIONS OF THIS APPLICATION FORM MUST BE COMPLETED & PHOTOGRAPHIC IDENTIFICATION PRESENTED IN ACCORDANCE WITH RELEVANT LEGISLATION.

ALL APPLICATIONS FOR MEMBERSHIP ARE SUBJECT TO APPROVAL BY THE MANAGEMENT COMMITTEE, AS PER THE CLUB'S CONSTITUTION.

PRIVACY STATEMENT

The Keppel Bay Sailing Club Inc is committed to the privacy of your personal information under the Queensland Club Industry Privacy Code. The Club will use the information to process your membership application and to provide its facilities and services to you. The Club will not be able to offer you membership if you do not supply the required information. The Club may use your personal information for marketing purposes and may send promotional materials from the Club and reputable third parties. You may access, update and amend your personal information at any time upon a written request.

Please tick here if you do NOT wish to receive any promotional materials or offers.

OFFICE USE ONLY

INT _____ REC NO. _____ CARD NO. _____

PHOTOGRAPHIC IDENTIFICATION (please circle)

Drivers Lic. 18+ Passport Other _____